Committee to Elect Eddie Pauline

## **Ohio Campaign Finance Report**



Prescribed by Secretary of State 3/05

05 OCT 27 PM 3: 01

Registration Number: If PAC

| Type of Report Pre-Primary Post-Primary Pre-General Post-General Post-General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ial Year         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Columbus  Type of Report   Pre-Primary   Post-Primary   Pre-General   Post-General   Post-Genera | nal Year         |
| Type of Report   Pre-Primary   Post-Primary   Pre-General   Post-General   Post-G | ial Year         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | annual           |
| Amended Report?    Yes    No Report Electronically Filed?    Yes    No Date of Election    1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ) <sup>Y</sup> 5 |
| For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box \( \subseteq \) No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ]                |
| 1. Amount brought forward from last report s \$6,540.84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |
| 2. Total monetary contributions (From Form No. 31-A) \$ \$13,083.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |
| 3. Total other income (From Form No. 31-A-2) \$ \$12.66                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |
| 4. Total funds available (sum of lines 1, 2, 3) s \$19,636.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |
| 5. Total monetary expenditures (From Form No. 31-B) s \$8,358.33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |
| 6. Balance on hand (line 4 minus line 5) \$11,278.17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) s \$1,793.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
| 8. Value of in-kind contributions made (From Form No. 31-J-2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |
| 9. Outstanding loans owed by committee (From Form No. 31-C) \$ \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |
| 10. Outstanding debts owed by committee (From Form No. 31-N) \$ \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |
| 11. Outstanding loans owed to committee (From Form No. 31-K) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| 12. Value of independent expenditures made (From Form No. 31-U) \$ \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
| 13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.  S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N                |
| Dan Meyers, Treasurer  Print Name and Title (Treasurer and Deputy Treasurer only)  Signature  10/27/2005  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Contribution pages 15  Expenditure 3 pages 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |

Page \_\_\_

Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee to Elect Eddie Pal | uline                                 |                            |                         |                                   |
|--------------------------------------------------------|---------------------------------------|----------------------------|-------------------------|-----------------------------------|
| Full Name of Contributor Thomas J. Eblin               |                                       |                            | Registration Number, if | PAC                               |
| Street Address<br>5220 Lola Way                        | Employer/Occu                         | pation/Labor Organization* |                         | Form (Cash, Check, etc.)<br>Check |
| <sup>City</sup><br>Columbus                            | State<br>OH                           | Zip Code<br>43235          | 0 6 2 3 0 5             | Amount <b>\$150.00</b>            |
| Full Name of Contributor Golden Jackson-Mergler        |                                       |                            | Registration Number, if | PAC                               |
| Street Address 155 W. Main Street #1608                | Employer/Occu                         | pation/Labor Organization* | <b>L</b>                | Form (Cash, Check, etc.) Check    |
| City Columbus                                          | State<br>OH                           | Zip Code<br><b>43215</b>   | 0 6 1 9 0 5             | Amount \$25.00                    |
| Full Name of Contributor <b>Dale Van Vyven</b>         |                                       |                            | Registration Number, if | PAC                               |
| Street Address 11006 Reading Road                      | Employer/Occu                         | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Cash     |
| City Sharonville                                       | State<br>OH                           | Zip Code<br>45241          | 0 6 2 0 0 5             | Amount <b>\$40.00</b>             |
| Full Name of Contributor  Andrew Bowers                |                                       |                            | Registration Number, if | PAC                               |
| Street Address  953 Neil Avenue                        | Employer/Occu                         | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check    |
| City Columbus                                          | State<br>OH                           | Zip Code<br>43201          | 0 6 2 3 0 5             | Amount <b>\$100.00</b>            |
| Full Name of Contributor George J. Arnold              | · · · · · · · · · · · · · · · · · · · |                            | Registration Number, if | PÁC                               |
| Street Address 3020 Dale Avenue                        | Employer/Occu                         | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check    |
| City<br>Columbus                                       | State<br>OH                           | Zip Code<br><b>43209</b>   | 0 6 2 3 0 5             | Amount <b>\$100.00</b>            |
| Full Name of Contributor  John J. Chester              |                                       |                            | Registration Number, if | PAC                               |
| Street Address 65 E. State Street                      | Employer/Occu                         | pation/Labor Organization* | •                       | Form (Cash, Check, etc.) Check    |
| City<br>Columbus                                       | State<br>OH                           | Zip Code<br>43215          | 0 6 0 9 0 5             | Amount <b>\$200.00</b>            |
| Full Name of Contributor Gelene V. Heinlen             |                                       |                            | Registration Number, if | PAC                               |
| Street Address 2981 E. Powell Road                     | Employer/Occu                         | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check    |
| <sup>City</sup><br>Lewis Center                        | State<br>OH                           | Zip Code<br>43035          | 0 5 3 0 0 5             | Amount <b>\$50.00</b>             |
| Full Name of Contributor  David M. Lieberman           |                                       |                            | Registration Number, if | PAC                               |
| Street Address 25102 Wimbledon Drive                   | Employer/Occu                         | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check    |
| City<br>Beachwood                                      | State<br>OH                           | Zip Code<br>44122          | 0 5 2 1 0 5             | Amount <b>\$30.00</b>             |

Page Total \$695.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

| Name of Committee in Full  Committee to Elect Eddie P | auline        |                            |                         |                                |
|-------------------------------------------------------|---------------|----------------------------|-------------------------|--------------------------------|
| Full Name of Contributor Julie Paek Hubler            |               |                            | Registration Number, if | PAC                            |
| Street Address<br>141 E. Town Street                  | Employer/Occu | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check |
| City<br>Columbus                                      | State<br>OH   | Zip Code<br>43215          | 0 6 2 3 0 5             | Amount \$25.00                 |
| Full Name of Contributor  Palmer C. McNeal            |               |                            | Registration Number, if | PAC                            |
| Street Address 5169 Springfield Ct.                   | Employer/Occu | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check |
| City Westerville                                      | State OH      | Zip Code<br>43081          | 0 6 2 2 0 5             | Amount                         |
| Full Name of Contributor Joseph Healy                 | 011           |                            | Registration Number, if | PAC                            |
| Street Address 721 Bulen Ave                          | Employer/Occu | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check |
| City Columbus                                         | State<br>OH   | Zip Code<br><b>43205</b>   | 0 7 0 1 0 5             | Amount<br>\$100.00             |
| Full Name of Contributor  Andrew Shifflette           |               |                            | Registration Number, if | PAC                            |
| Street Address 8035 Storrow Drive                     | Employer/Occu | pation/Labor Organization* | •                       | Form (Cash, Check, etc.) Check |
| City Westerville                                      | State<br>OH   | Zip Code<br><b>43081</b>   | 0 6 2 0 0 5             | Amount <b>\$50.00</b>          |
| Full Name of Contributor Nicholas J. Cipiti           |               | - h.                       | Registration Number, if | PAC                            |
| Street Address 292 Northridge Road                    | Employer/Occu | pation/Labor Organization* | <u> </u>                | Form (Cash, Check, etc.) Check |
| City<br>Columbus                                      | State<br>OH   | Zip Code<br>43214          | 0 7 2 3 0 5             | Amount <b>\$100.00</b>         |
| Full Name of Contributor Barbara A. McNeil            |               |                            | Registration Number, if | PAC                            |
| Street Address 4860 Roger Allen Ct.                   | Employer/Occu | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check |
| City<br>Hilllard                                      | State<br>OH   | Zip Code<br>43026          | 0 6 2 3 0 5             | Amount <b>\$50.00</b>          |
| Full Name of Contributor Bradley K. Sinnott           |               |                            | Registration Number, if | PAC                            |
| Street Address 52 E. Gay Street                       | Employer/Occu | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check |
| City<br>Columbus                                      | Stațe<br>OH   | Zip Code<br>43216          | 0 6 2 4 0 5             | Amount<br><b>\$100.00</b>      |
| Full Name of Contributor Frank A. Titus               |               |                            | Registration Number, if | PAC                            |
| Street Address 1251 Harrison Ave                      | Employer/Occu | pation/Labor Organization* |                         | Form (Cash, Check, etc.) Check |
| City<br>Columbus                                      | State<br>OH   | Zip Code<br>43201          | 0 6 2 3 0 5             | Amount <b>\$50.00</b>          |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

#### **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee to Elect Eddie Pauline | е                     |                             |                                       |                                   |
|------------------------------------------------------------|-----------------------|-----------------------------|---------------------------------------|-----------------------------------|
| Full Name of Contributor Vicki Grieve Stoddard             |                       |                             | Registration Number, if I             | PAC                               |
| Street Address<br>656 Marburn Drive                        | Employer/Occi         | upation/Labor Organization* |                                       | Form (Cash, Check, etc.)<br>Check |
| City<br>Columbus                                           | State<br>OH           | Zip Code<br>43214           | 1 0 1 7 0 5                           | Amount <b>\$100.00</b>            |
| Full Name of Contributor <b>Leah Pappas</b>                |                       |                             | Registration Number, if F             | PAC                               |
| Street Address  846 Mchawk Street                          | Employer/Occi Attorno | upation/Labor Organization* | *                                     | Form (Cash, Check, etc.) Check    |
| City Columbus                                              | State<br>OH           | Zip Code<br><b>43206</b>    | 1 0 2 0 0 5                           | Amount \$50.00                    |
| Full Name of Contributor  Robert M. Roach                  |                       |                             | Registration Number, if F             | PAC                               |
| Street Address 530 West Spring Street                      | Employer/Occi         | npation/Labor Organization* | <b>1</b>                              | Form (Cash, Check, etc.) Check    |
| City Columbus                                              | Staite<br>OH          | Zip Code<br><b>43215</b>    | 1 0 1 7 0 5                           | Amount <b>\$250.00</b>            |
| Full Name of Contributor  William Todd                     | <u>,</u>              |                             | Registration Number, if F             | PAC                               |
| Street Address 135 Cressingham Lane                        | Employer/Occu         | apation/Labor Organization* | HI) was a second                      | Form (Cash, Check, etc.) Check    |
| City Powell                                                | State<br>OH           | Zip Code<br><b>43065</b>    | 1 0 1 9 0 5                           | Amount <b>\$250.00</b>            |
| Full Name of Contributor Bradley R. Kastan                 |                       | . 1                         | Registration Number, if F             | PAC                               |
| Street Address 2355 Commonwealth Park South                | Employer/Occu         | upation/Labor Organization* |                                       | Form (Cash, Check, etc.) Check    |
| City<br>Columbus                                           | State<br>OH           | Zip Code<br><b>43209</b>    | 0 7 1 2 0 5                           | Amount <b>\$200.00</b>            |
| Full Name of Contributor  Don Gepfert                      |                       |                             | Registration Number, if F             | PAC                               |
| Street Address 1925 Lake Shore Drive                       | Employer/Occu         | ipation/Labor Organization* |                                       | Form (Cash, Check, etc.) Check    |
| City<br>Columbus                                           | State<br>OH           | Zip Code<br><b>43204</b>    | 0 8 0 1 0 5                           | Amount<br>\$100.00                |
| Full Name of Contributor  Dana S. Preisse                  |                       |                             | Registration Number, if F             | PAC                               |
| Street Address 373 S. High Street #61                      | Employer/Occu         | ipation/Labor Organization* | • • • • • • • • • • • • • • • • • • • | Form (Cash, Check, etc.) Check    |
| City<br>Columbus                                           | State<br>OH           | Zip Code<br><b>43215</b>    | 0 7 0 5 0 5                           | Amount <b>\$25.00</b>             |
| Full Name of Contributor Roger W. Tracy                    |                       |                             | Registration Number, if F             | PAC                               |
| Street Address 5057 Heath Gate Drive                       | Employer/Occu         | ipation/Labor Organization* | <b>F</b>                              | Form (Cash, Check, etc.) Check    |
| City New Albany                                            | State<br>OH           | Zip Code<br>43054           | 0 9 1 9 0 5                           | Amount <b>\$250.00</b>            |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



Prescribed by Secretary of State 03/05

| Name of Committee in Full  Committee to Elect Eddie Pa | auline             |                                        |                           |                                |
|--------------------------------------------------------|--------------------|----------------------------------------|---------------------------|--------------------------------|
| Full Name of Contributor Sandra Gonzalez               |                    |                                        | Registration Number, if I | PAC                            |
| Street Address 7615 Brainard Ct.                       | Employer/Occu      | pation/Labor Organization*             |                           | Form (Cash, Check, etc.) Check |
| City<br>Mentor                                         | State<br>OH        | Zip Code<br>44060                      | 1 0 0 5 0 5               | Amount \$25.00                 |
| Full Name of Contributor <b>Burton L. Schwartz</b>     |                    |                                        | Registration Number, if I | PAC                            |
| Street Address 452 Sandtrap Circle                     | Employer/Occu      | pation/Labor Organization*             |                           | Form (Cash, Check, etc.) Check |
| City Paineville Twp                                    | State OH           | Zip Code <b>44077</b>                  | 1 0 0 7 0 5               | Amount \$50.00                 |
| Full Name of Contributor  William Napier               |                    |                                        | Registration Number, if I | PAC                            |
| Street Address 2105 Fairlax ROad                       | Employer/Occu      | pation/Labor Organization*             | -                         | Form (Cash, Check, etc.) Check |
| City Columbus                                          | State<br>OH        | Zip Code <b>43221</b>                  | 0 9 2 9 0 5               | Amount \$100.00                |
| Full Name of Contributor  Central Ohio Republican Clu  | b Political Action | Committee                              | Registration Number, if I | PAC                            |
| Street Address  2706 Dayton Avenue                     |                    | pation/Labor Organization*             |                           | Form (Cash, Check, etc.) Check |
| City Columbus                                          | State<br>OH        | Zip Code <b>43202</b>                  | 0 9 2 9 0 5               | Amount <b>\$500.00</b>         |
| Full Name of Contributor Jerry Jordan                  |                    |                                        | Registration Number, if I | PAC                            |
| Street Address 795 Old Woods Road                      | Employer/Occu      | pation/Labor Organization*             |                           | Form (Cash, Check, etc.) Check |
| City<br>Columbus                                       | State<br>OH        | Zip Code <b>43235</b>                  | 1 0 0 4 0 5               | Amount <b>\$500.00</b>         |
| Full Name of Contributor Bernie Kosar, Jr.             | <u> </u>           |                                        | Registration Number, if I | PAC                            |
| Street Address 30050 Chagrin Blvd                      | Employer/Occu      | pation/Labor Organization*             |                           | Form (Cash, Check, etc.) Check |
| City<br>Pepper Pike                                    | State<br>OH        | Zip Code<br>44124                      | 0 <sup>M</sup> 9 3 0 0 5  | Amount<br>\$1,000.00           |
| Full Name of Contributor Tom Davis                     |                    |                                        | Registration Number, if   | PAC                            |
| Street Address PO Box 16448                            | Employer/Occu      | pation/Labor Organization <sup>*</sup> |                           | Form (Cash, Check, etc.) Check |
| <sup>City</sup><br>Columbu <b>s</b>                    | Stațe<br>OH        | Zip Code<br>43216                      | 0 9 2 9 0 5               | Amount <b>\$2,000.00</b>       |
| Full Name of Contributor  Marlinda S. lyler            |                    |                                        | Registration Number, if I | PAC                            |
| Street Address<br>367 W. 8th Avenue                    | Employer/Occu      | pation/Labor Organization*             |                           | Form (Cash, Check, etc.) Check |
| City<br>Columbus                                       | State<br>OH        | Zip Code<br>43201                      | 1 0 2 0 0 5               | Amount <b>\$100.00</b>         |

Page Total \$4,275.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee to Elect Eddie Pau   | ıline         |                                       |                         |                                     |
|----------------------------------------------------------|---------------|---------------------------------------|-------------------------|-------------------------------------|
| Full Name of Contributor Gregory Lashutka                |               |                                       | Registration Number, is | FPAC                                |
| Street Address 729 Mohawk Street                         | Employer/Occi | upation/Labor Organization*           |                         | Form (Cash, Check, etc.)<br>Check   |
| City<br>Columbus                                         | State<br>OH   | Zip Code<br>43206                     | 0 6 0 2 0 t             | Amount <b>\$250.00</b>              |
| Full Name of Contributor  Salvatore Presutti             |               |                                       | Registration Number, i  | f PAC                               |
| Street Address PO BOX 2166                               | Employer/Occi | ipation/Labor Organization*           |                         | Form (Cash, Check, etc.) Check      |
| City Columbus                                            | State<br>OH   | Zip Code<br><b>43216</b>              | 0 7 0 7 0 Y             | Amount <b>\$100.00</b>              |
| Full Name of Contributor  Contributions Rasied on Form 3 |               |                                       | Registration Number, in | fPAC .                              |
| Street Address                                           |               | upation/Labor Organization*           | <u> </u>                | Form (Cash, Check, etc.)            |
| City                                                     | State<br>OH   | Zip Code                              | 1 0 1 2 0               | Amount <b>\$1,150.00</b>            |
| Full Name of Contributor  Contributions Rasied on Form   | 31-E 10/4     |                                       | Registration Number, in | f PAC                               |
| Street Address                                           |               | upation/Labor Organization*           |                         | Form (Cash, Check, etc.)            |
| City                                                     | State<br>OH   | Zip Code                              | 1 0 0 4 0 t             | Amount <b>\$230.00</b>              |
| Full Name of Contributor  Contributions Rasied on Form 3 |               | · · · · · · · · · · · · · · · · · · · | Registration Number, in | FPAC                                |
| Street Address                                           |               | apation/Labor Organization*           |                         | Form (Cash, Check, etc.)            |
| City                                                     | State<br>OH   | Zip Code                              | 1 0 2 5 0 Y             | Amount <b>\$2,075.00</b>            |
| Full Name of Contributor Mia Turpel                      | 1 3           |                                       | Registration Number, i  | fPAC .                              |
| Street Address  Best Effort                              | Employer/Occi | upation/Labor Organization*           |                         | Form (Cash, Check, etc.) Credit/Web |
| City                                                     | State<br>OH   | Zip Code                              | 0 7 2 5 D               | Amount <b>\$50.00</b>               |
| Full Name of Contributor Michael Weinman                 |               |                                       | Registration Number, is | f PAC                               |
| Street Address  Best Effort                              | Employer/Occi | upation/Labor Organization*           |                         | Form (Cash, Check, etc.) Credit/Web |
| City                                                     | State<br>OH   | Zip Code                              | 0 8 0 2 0 g             | Amount <b>\$150.00</b>              |
| Full Name of Contributor  John Cross                     |               |                                       | Registration Number, is | FPAC                                |
| Street Address                                           | Employer/Occi | upation/Labor Organization*           |                         | Form (Cash, Check, etc.) Credit/Web |
| Columbus                                                 | State<br>OH   | Zip Code 43228                        | 0 8 0 7 0               | Amount                              |

Page Total \$4,105.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

## 

## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee to Elect Eddie Pa | uline         |                             |                           |                                     |
|-------------------------------------------------------|---------------|-----------------------------|---------------------------|-------------------------------------|
| Full Name of Contributor John R. Champlin             |               |                             | Registration Number, if I | AC                                  |
| Street Address 219 E. Beck Street                     | Employer/Occu | pation/Labor Organization*  |                           | Form (Cash, Check, etc.) Credit/Web |
| City<br>Columbus                                      | State<br>OH   | Zip Code<br>43206           | 0 8 1 5 0 5               | Amount \$25.00                      |
| Full Name of Contributor  Matthew Lambert             | <u> </u>      |                             | Registration Number, if I | PAC                                 |
| Street Address 1624 Electra Street                    | Employer/Occu | pation/Labor Organization*  |                           | Form (Cash, Check, etc.) Credit/Web |
| City  Columbus                                        | State<br>OH   | Zip Code<br><b>43240</b>    | 0 8 2 4 0 5               | Amount <b>\$25.00</b>               |
| Full Name of Contributor Florence Odita               | <u> </u>      |                             | Registration Number, if I | PAC                                 |
| Street Address 3155 Wareham Road                      | Employer/Occu | pation/Labor Organization*  |                           | Form (Cash, Check, etc.) Credit/Web |
| City Upper Artington                                  | State<br>OH   | Zip Code<br><b>43221</b>    | 1 0 0 1 0 5               | Amount \$50.00                      |
| Full Name of Contributor  Matt Naugle                 |               |                             | Registration Number, if I | PAC                                 |
| Street Address 7931 Doleman Drive                     | Employer/Occu | pation/Labor Organization*  |                           | Form (Cash, Check, etc.) Credit/Web |
| City Blacklick                                        | State<br>OH   | Zip Code<br><b>43004</b>    | 1 0 0 2 0 5               | Amount<br>\$27.00                   |
| Full Name of Contributor Nicole Smolter               |               |                             | Registration Number, if I | PAC                                 |
| Street Address  Best Effort                           | Employer/Occu | npation/Labor Organization* |                           | Form (Cash, Check, etc.) Credit/Web |
| City                                                  | State<br>OH   | Zip Code                    | 1 0 0 5 0 5               | Amount <b>\$26.00</b>               |
| Full Name of Contributor  Gary Dagres                 | 1 1           |                             | Registration Number, if I | PAC                                 |
| Street Address  Sest Effort                           | Employer/Occu | pation/Labor Organization*  |                           | Form (Cash, Check, etc.) Credit/Web |
| City                                                  | State<br>OH   | Zip Code                    | 1 0 1 4 0 5               | Amount<br><b>\$50.00</b>            |
| Full Name of Contributor Eric Busch                   |               |                             | Registration Number, if I | PAC                                 |
| Street Address 481 Havendale Dr                       | Employer/Occu | pation/Labor Organization*  |                           | Form (Cash, Check, etc.) Credit/Web |
| City<br><b>Westervi</b> lle                           | State<br>OH   | Zip Code<br>43082           | 1 0 1 9 0 5               | Amount <b>\$50.00</b>               |
| Full Name of Contributor Bradley Peters               |               |                             | Registration Number, if I |                                     |
| Street Address 2996 Nell Avenue                       | Employer/Occu | pation/Labor Organization*  |                           | Form (Cash, Check, etc.) Credit/Web |
| City<br>Columbus                                      | State<br>OH   | Zip Code<br>43202           | 1 0 2 5 0 5               | Amount <b>\$75.00</b>               |

Page Total \$328.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page \_\_\_\_\_

Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee to Elect Eddie Pau     | line           |                             |                         |                                 |
|------------------------------------------------------------|----------------|-----------------------------|-------------------------|---------------------------------|
| Full Name of Contributor Central Ohio Realtors Political A | ction Committe | е                           | Registration Numb       | er, if PAC                      |
| Street Address<br>2700 Airport Drive                       | Employer/Occu  | pation/Labor Organization*  |                         | Form (Cash, Check, etc.) Check  |
| City<br>Columbus                                           | State<br>OH    | Zip Code<br>43219           | 0 7 2 0 (               | Y Amount \$1,000.00             |
| Full Name of Contributor  Chester Willcox & Saxbe Good     | Government Fu  | ind                         | Registration Numb OH843 | er, if PAC                      |
| Street Address 65 E. State Street, Suite 1000              | <del></del>    | ipation/Labor Organization* |                         | Form (Cash, Check, etc.) Check  |
| City Columbus                                              | State<br>OH    | Zip Code <b>43215</b>       | 0 9 2 3 (               | Y 5 Amount <b>\$250.00</b>      |
| Full Name of Contributor  Stephen Cartwright               |                |                             | Registration Numb       | er, if PAC                      |
| Street Address  17 S. High Street                          | Employer/Occu  | pation/Labor Organization*  |                         | Form (Cash, Check, etc.)  Check |
| City Columbus                                              | State<br>OH    | Zip Code<br><b>43215</b>    | 1 0 0 4 0               | Y 5 Amount <b>\$50.00</b>       |
| Full Name of Contributor  Andrew Shifflette                |                |                             | Registration Numb       | er, if PAC                      |
| Street Address 8035 Storrow Drive                          | Employer/Occu  | ipation/Labor Organization* |                         | Form (Cash, Check, etc.)  Cash  |
| City Westerville                                           | State<br>OH    | Zip Code<br>43081           | 1 0 0 1 C               | Amount 5 <b>\$50.00</b>         |
| Full Name of Contributor Cheryl Lucks                      |                |                             | Registration Numb       | er, if PAC                      |
| Street Address 152 N. Drexel Avenue                        | Employer/Occu  | pation/Labor Organization*  |                         | Form (Cash, Check, etc.)        |
| City Columbus                                              | State<br>OH    | Zip Code<br><b>43209</b>    | S 6 2 9                 | Amount <b>\$100.00</b>          |
| Full Name of Contributor  Harold T. Duryee                 |                |                             | Registration Numb       | er, if PAC                      |
| Street Address 925 City Park Avenue                        | Employer/Occu  | pation/Labor Organization*  |                         | Form (Cash, Check, etc.) Check  |
| City<br>Columbus                                           | State<br>OH    | Zip Code<br>43206           | 1 0 0 6 C               | Amount <b>\$50.00</b>           |
| Full Name of Contributor                                   |                |                             | Registration Numb       | er, if PAC                      |
| Street Address                                             | Employer/Occu  | pation/Labor Organization*  |                         | Form (Cash, Check, etc.)        |
| City                                                       | State<br>OH    | Zip Code                    | M D                     | Y Amount                        |
| Full Name of Contributor                                   |                |                             | Registration Numb       | er, if PAC                      |
| Street Address                                             | Employer/Occu  | pation/Labor Organization*  |                         | Form (Cash, Check, etc.)        |
| City                                                       | State<br>OH    | Zip Code                    | M D                     | Y Amount                        |

Page Total \$1,500.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee to Elect Eddie Pa     | auline        |                             |                                   |                                   |
|-----------------------------------------------------------|---------------|-----------------------------|-----------------------------------|-----------------------------------|
| Full Name of Contributor Michael J. Valo                  |               |                             | Registration Number, if           | PAC                               |
| Street Address<br>931 Longview Ct.                        | Employer/Occu | pation/Labor Organization*  | -                                 | Form (Cash, Check, etc.)<br>Check |
| <sup>City</sup><br>Columbus                               | State<br>OH   | Zíp Code<br>43235           | 1 0 2 5 0 5                       | Amount \$50.00                    |
| Full Name of Contributor  Eric Prail                      |               | · · ·                       | Registration Number, if           | PAC                               |
| Street Address  5632 Barney Lane                          | Employer/Occu | pation/Labor Organization*  | -                                 | Form (Cash, Check, etc.) Check    |
| City Columbus                                             | Stație<br>OH  | Zip Code <b>43235</b>       | 1 0 1 7 0 5                       | Amount <b>\$30.00</b>             |
| Full Name of Contributor  Gregory L. Allen                |               |                             | Registration Number, if           | PAC                               |
| Street Address 9640 Jackson Street                        | Employer/Occu | pation/Labor Organization*  |                                   | Form (Cash, Check, etc.) Check    |
| City Mentor                                               | State<br>OH   | Zip Code<br><b>44060</b>    | 0 9 2 1 0 5                       | Amount <b>\$25.00</b>             |
| Full Name of Contributor  Thomas E. Swank                 | <u> </u>      |                             | Registration Number, if           | PAC                               |
| Street Address 7763 Dahlia Drive                          | Employer/Occu | pation/Labor Organization*  |                                   | Form (Cash, Check, etc.) Check    |
| City Mentor                                               | State<br>OH   | Zip Code<br><b>44060</b>    | 0 9 2 3 0 5                       | Amount <b>\$25.00</b>             |
| Full Name of Contributor  Motorists Mutual Ins. Co. Civid | Fund          |                             | Registration Number, if COO336834 | PAC                               |
| Street Address 471 E. Broad Street                        | Employer/Occu | pation/Labor Organization*  |                                   | Form (Cash, Check, etc.) Check    |
| City<br>Columbus                                          | State<br>OH   | Zip Code<br>43215           | 1 0 0 3 0 5                       | Amount \$100.00                   |
| Full Name of Contributor                                  | ·             |                             | Registration Number, if           | PAC                               |
| Street Address                                            | Employer/Occu | pation/Labor Organization*  |                                   | Form (Cash, Check, etc.)          |
| City                                                      | State<br>OH   | Zip Code                    | M D Y                             | Amount                            |
| Full Name of Contributor                                  |               |                             | Registration Number, if           | PAC                               |
| Street Address                                            | Employer/Occu | pation/Labor Organization*  |                                   | Form (Cash, Check, etc.)          |
| City                                                      | State OH      | Zip Code                    | M D Y                             | Amount                            |
| Full Name of Contributor                                  |               |                             | Registration Number, if           | PAČ                               |
| Street Address                                            | Employer/Occu | npation/Labor Organization* |                                   | Form (Cash, Check, etc.)          |
| City                                                      | State<br>OH   | Zip Code                    | M D Y                             | Amount                            |

Page Total \$230.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

#### **Statement of Other Income**

Prescribed by Secretary of State 2/01

| Name of Committee in Full  Committee to Elect Eddie Paulin | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A.C               |                                                |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------|
| Full Name Paypal                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>       | Registration Number, if PAC                    |
| Address 211 N. First Street                                | Type*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | M D Y Amount 1 0 0 1 0 5 \$2.09                |
| City San Jose                                              | State CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Zip Code<br>95131 | Form (Cash, Check, etc.) Cash                  |
| Full Name                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | Registration Number, if PAC                    |
| Paypal<br>Address                                          | Type*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | M D Y Amount                                   |
| 211 N. First Street                                        | IN<br>State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Zip Code          | 0 9 0 1 0 5 \$1.73<br>Form (Cash, Check, etc.) |
| San Jose                                                   | CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 95131             | Cash Registration Number, if PAC               |
| Full Name<br>Paypal                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | Registration Number, if FAC                    |
| Address 211 N. First Street                                | Type*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | 0 6 3 0 0 5 \$0.90                             |
| City<br>San Jose                                           | State CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Zip Code<br>95131 | Form (Cash, Check, etc.) Cash                  |
| Full Name<br>Paypal                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | Registration Number, if PAC                    |
| Address                                                    | Туре*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | M D Y Amount 0 7 0 1 0 5 \$0.80                |
| 211 N. First Street                                        | IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Zip Code          | 0 7 0 1 0 5 \$0.80<br>Form (Cash, Check, etc.) |
| San Jose<br>Full Name                                      | CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 95131             | Cash Registration Number, if PAC               |
| Paypal                                                     | T The state of the |                   | M D Y Amount                                   |
| Address 211 N. First Street                                | Туре*<br><b>IN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | 0 6 0 1 0 5 \$0.49                             |
| <sup>City</sup><br>San Jose                                | Stalte<br>CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip Code<br>95131 | Form (Cash, Check, etc.)  Cash                 |
| Full Name<br>Bank One                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | Registration Number, if PAC                    |
| Address 100 E. Broad Street                                | Type*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | 0 6 3 0 0 5 \$1.70                             |
| City<br>Columbus                                           | State<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Zip Code<br>43215 | Form (Cash, Check, etc.)  Cash                 |
| Full Name                                                  | 011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 40210             | Registration Number, if PAC                    |
| Bank One Address                                           | Туре*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | M D Y Amount                                   |
| 100 E. Broad Street                                        | IN<br>State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Zip Code          | 0 9 3 0 0 5 \$1.72<br>Form (Cash, Check, etc.) |
| Columbus<br>Full Name                                      | ОН                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 43215             | Cash Registration Number, if PAC               |
| Bank One                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                |
| Address<br>100 E. Broad Street                             | Type*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | 0 8 3 1 0 5 \$1.53                             |
| City<br>Columbus                                           | State OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Zip Code<br>43215 | Form (Cash, Check, etc.)  Cash                 |

10.96
Page Total \$

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

| 31-  | Α-  | 2       |
|------|-----|---------|
| R.C. | 351 | 7.10(B) |

## **Statement of Other Income**

|      | 2 |  |
|------|---|--|
| Page | _ |  |
|      |   |  |

Prescribed by Secretary of State 2/01

| Name of Committee in Full  Committee to Elect Eddie Paulin | ne.         |                                       |                                |
|------------------------------------------------------------|-------------|---------------------------------------|--------------------------------|
| Full Name                                                  |             | · · · · · · · · · · · · · · · · · · · | Registration Number, if PAC    |
| Bank One Address                                           | Type*       |                                       | M D Y Amount                   |
| 100 E. Broad Street                                        | _ IN        |                                       | 0 7 3 0 0 5 \$1.70             |
| City<br>Columbus                                           | State<br>OH | Zip Code<br>43215                     | Form (Cash, Check, etc.)  Cash |
| Full Name                                                  |             |                                       | Registration Number, if PAC    |
| Address                                                    | Type*       |                                       | M D Y Amount                   |
| City                                                       | State OH    | Zip Code                              | Form (Cash, Check, etc.)       |
| Full Name                                                  |             |                                       | Registration Number, if PAC    |
| Address                                                    | Type*       |                                       | M D Y Amount                   |
| City                                                       | State OH    | Zip Code                              | Form (Cash, Check, etc.)       |
| Full Name                                                  |             |                                       | Registration Number, if PAC    |
| Address                                                    | Type*       |                                       | M D Y Amount                   |
| City                                                       | State OH    | Zip Code                              | Form (Cash, Check, etc.)       |
| Full Name                                                  |             | •                                     | Registration Number, if PAC    |
| Address                                                    | Type*<br>RE |                                       | M D Y Amount                   |
| City                                                       | State<br>OH | Zip Code                              | Form (Cash, Check, etc.)       |
| Full Name                                                  |             |                                       | Registration Number, if PAC    |
| Address                                                    | Type*<br>RE |                                       | M D Y Amount                   |
| City                                                       | State<br>OH | Zip Code                              | Form (Cash, Check, etc.)       |
| Full Name                                                  |             |                                       | Registration Number, if PAC    |
| Address                                                    | Type*       |                                       | M D Y Amount                   |
| City                                                       | State       | Zip Code                              | Form (Cash, Check, etc.)       |
| Full Name                                                  |             |                                       | Registration Number, if PAC    |
| Address                                                    | Type*       |                                       | M D Y Amount                   |
| City                                                       | State OH    | Zip Code                              | Form (Cash, Check, etc.)       |

1.70

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Contributions Received at a Social or Fund-Raising Event

| Event Date | 10/4/05 |  |
|------------|---------|--|
| Page 1     |         |  |

Prescribed by Secretary of State 03/05

| Name of Committee in Full  Committee to Elect Eddie Paulir |                |                                |                                                       |
|------------------------------------------------------------|----------------|--------------------------------|-------------------------------------------------------|
|                                                            | IC .           |                                | Designation Number (CDAC)                             |
| Full Name of Contributor Christina Haddad                  |                | Registration Number, if PAC    |                                                       |
| Street Address                                             | Employer/Occup | ation/Labor Organization*      | M D Y Amount                                          |
| 377 West Hubbard Ave                                       |                |                                | 1 0 0 4 0 5 \$26.00                                   |
| City                                                       | Sta te         | Zip Code                       | Form (Cash, Check, etc.)                              |
| Columbus                                                   | OH             | 43215                          | Check                                                 |
| Full Name of Contributor                                   |                |                                | Registration Number, if PAC                           |
| Nadia Long                                                 |                |                                |                                                       |
| Street Address                                             | Employer/Occup | ation/Labor Organization*      | 1 0 0 4 0 5 \$26.00                                   |
| 2132 Firestone Street                                      |                | Ta: 0.1                        |                                                       |
| City                                                       | Sta te         | Zip Code                       | Form (Cash, Check, etc.)                              |
| Columbus                                                   | OH             | 43228                          | Check                                                 |
| Full Name of Contributor                                   |                |                                | Registration Number, if PAC                           |
| Andrew Davisson                                            |                |                                |                                                       |
| Street Address                                             | Employer/Occup | ation/Labor Organization*      | M D Y Amount                                          |
| 849 Bricker Blvd                                           |                | 1-1 2 4                        | 1 0 0 4 0 5 \$26.00                                   |
| City                                                       | Sta te         | Zip Code                       | Form (Cash, Check, etc.)                              |
| Columbus                                                   | ОН             | 43221                          | Check                                                 |
| Full Name of Contributor                                   |                |                                | Registration Number, if PAC                           |
| Ashley Davis                                               |                |                                |                                                       |
| Street Address                                             | Employer/Occup | ation/Labor Organization*      | M D Y Amount                                          |
| 5559 Blue Lagoon Lane                                      |                | 1-, - 7                        | 1 0 0 4 0 5 \$26.00                                   |
| City                                                       | Sta te         | Zip Code                       | Form (Cash, Check, etc.)                              |
| Hilliard                                                   | OH             | 43026                          | Check                                                 |
| Full Name of Contributor Frank J. Larose Jr.               |                |                                | Registration Number, if PAC                           |
| Street Address                                             | Employer/Occup | ation/Labor Organization*      | M D Y Amount                                          |
| 274 S. 3rd St. #2                                          |                |                                | 1 0 0 4 0 5 \$26.00                                   |
| City                                                       | Sta te         | Zip Code                       | Form (Cash, Check, etc.)                              |
| Columbus                                                   | ОН             | 43215                          | Check                                                 |
| Full Name of Contributor Darrin Klinger                    |                |                                | Registration Number, if PAC                           |
| Street Address                                             | Employer/Occup | ation/Labor Organization*      | M D Y Amount                                          |
| 3179 Terra Drive                                           |                |                                | 1 0 0 4 0 5 \$100.00                                  |
| City                                                       | Stal te        | Zip Code                       | Form (Cash, Check, etc.)                              |
| Columbus                                                   | OH             | 43228                          | Check                                                 |
| Full Name of Contributor                                   |                |                                | Registration Number, if PAC                           |
| Street Address                                             | EInvario       | ation/Labor Organization*      | M D Y Amount                                          |
| Editor / tadios                                            | Employer/Occup | ation Lavor Organization       |                                                       |
| City                                                       | Sta te         | Zip Code                       | Form (Cash, Check, etc.)                              |
|                                                            | OH             |                                |                                                       |
| * Dequired for contributions from individuals over \$1     |                | sombly candidates. If contribu | utor is self-employed, the occupation and the name of |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

| Total  | contributions | this | even |
|--------|---------------|------|------|
| 1 Otal |               |      |      |

\$230.00

Total expenditures this event.

\$55.00

Page Total \$ \$230.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

| Event Date 10/12/05 | 1 |
|---------------------|---|
| Page 1              |   |

| Name of Committee in Full Committee to Elect Eddie Pauline  Full Name of Contributor Aaron Rausch  Street Address 723 W. 9th Street City Marysville Check Full Name of Contributor OH A3040  Registration Number State Zip Code OH A3040  Registration Number Check Full Name of Contributor Gregory Lashutka  Street Address 729 Mohawk Street  Employer/Occupation/Labor Organization*  M D Y 1 0 1 1 0 0 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5 Amount \$25.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Full Name of Contributor Aaron Rausch  Street Address 723 W. 9th Street  City Marysville  State OH  State Zip Code OH  43040  Registration Number  To 0 1 0 0  To 0 0 | 5 Amount \$25.00 |
| Aaron Rausch   Street Address   Employer/Occupation/Labor Organization*   M   D   O   O   O   O   O   O   O   O   O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5 Amount \$25.00 |
| Street Address 723 W. 9th Street $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5 \$25.00        |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |
| Marysville OH 43040 Check Full Name of Contributor Gregory Lashutka Street Address Employer/Occupation/Labor Organization*  M D Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rtc.)            |
| Full Name of Contributor  Gregory Lashutka  Street Address  Employer/Occupation/Labor Organization*  Registration Number  M D Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |
| Gregory Lashutka  Street Address Employer/Occupation/Labor Organization* M D Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Street Address Employer/Occupation/Labor Organization* M D Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , if PAC         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount           |
| 729 Monawk Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                |
| City State Zip Code Form (Cash, Check, e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 -              |
| Columbus OH 43206 Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |
| Full Name of Contributor Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ; if PAC         |
| Richard Hillis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| Street Address Employer/Occupation/Labor Organization* M D Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Amount           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 \$100.00       |
| City State Zip Code Form (Cash, Check, e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | :tc.)            |
| Columbus OH 43215 Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ich C            |
| Full Name of Contributor  Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , II PAC         |
| Paul Allen Beck         Employer/Occupation/Labor Organization*         M         D         Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount           |
| 7003 Perry Drive 1 0 1 5 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5 \$100.00       |
| City Sta te Zip Code Form (Cash, Check, e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tc.)             |
| Worthington OH 43085 Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |
| Full Name of Contributor Timothy A. Riedel Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , if PAC         |
| Street Address Employer/Occupation/Labor Organization* M 1 0 1 6 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5 \$100.00       |
| City State Zip Code Form (Cash, Check, e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
| Columbus OH 43220 Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |
| Full Name of Contributor Luceille Fleming  Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , if PAC         |
| Street Address   Employer/Occupation/Labor Organization*   1 0 0 4 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5 \$50.00        |
| City Stalte Zip Code Form (Cash, Check, e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | etc.)            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |
| Full Name of Contributor Susan Brown Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , if PAC         |
| Street Address Employer/Occupation/Labor Organization* M D D Y 155 W. Main Street, No. 602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amount 5 \$50.00 |
| City Sta te Zip Code Form (Cash, Check, e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
| Columbus OH 43215 Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

| n the date column              |                                |
|--------------------------------|--------------------------------|
| Total contributions this event | Total expenditures this event. |
|                                |                                |

\$625.00 Page Total \$

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received at a Social or Fund-Raising Event

| Event Date 10/12/05 |  |
|---------------------|--|
| Page 2              |  |

Prescribed by Secretary of State 03/03

| Name of Committee in Full                       |                                       |                           |                                |
|-------------------------------------------------|---------------------------------------|---------------------------|--------------------------------|
| Committee to Elect Eddie Pauline                |                                       |                           |                                |
| Full Name of Contributor  Katherine S. LeVeque  |                                       |                           | Registration Number, if PAC    |
| Street Address 50 West Broad Street, Suite 4000 | Employer/Occup                        | ation/Labor Organization* | M 9 D Y Amount 8400.00         |
| City<br>Columbus                                | Stal te<br>OH                         | Zip Code<br>43215         | Form (Cash, Check, etc.) Check |
| Full Name of Contributor Frank A. Titus         | · · · · · · · · · · · · · · · · · · · | •                         | Registration Number, if PAC    |
|                                                 |                                       |                           | M D Y Amount                   |
| Street Address 1251 Harrison Avenue             |                                       | ation/Labor Organization* | 1 0 0 4 0 5 \$75.00            |
| City<br>Columbus                                | Staj te<br>OH                         | Zip Code<br>43201         | Form (Cash. Check, etc.) Check |
| Full Name of Contributor  Jack Etheridge        |                                       |                           | Registration Number, if PAC    |
| Street Address  Best Effort                     |                                       | ation/Labor Organization* | 1 0 1 2 0 5 S50.00             |
| <sup>City</sup><br>Columbus                     | Stal te<br>OH                         | Zip Code                  | Form (Cash, Check, etc.)  Cash |
| Full Name of Contributor                        |                                       |                           | Registration Number, if PAC    |
| Street Address                                  | Employer/Occup                        | ation/Labor Organization* | M D Y Amount                   |
| City                                            | Stal te<br>OH                         | Zip Code                  | Form (Cash, Check, etc.)       |
| Full Name of Contributor                        |                                       |                           | Registration Number, if PAC    |
| Street Address                                  | Employer/Occup                        | ation/Labor Organization* | M D Y Amount                   |
| City                                            | Stal te<br>OH                         | Zip Code                  | Form (Cash, Check, etc.)       |
| Full Name of Contributor                        |                                       |                           | Registration Number, if PAC    |
| Street Address                                  | Employer/Occup                        | ation/Labor Organization* | M D Y Amount                   |
| City                                            | Stal te<br>OH                         | Zip Code                  | Form (Cash, Check, etc.)       |
| Full Name of Contributor                        | <u> </u>                              |                           | Registration Number, if PAC    |
| Street Address                                  | Employer/Occup                        | ation/Labor Organization* | M D Y Amount                   |
| City                                            | State<br>OH                           | Zip Code                  | Form (Cash, Check, etc.)       |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

| To | otal contributions this event |
|----|-------------------------------|
|    | \$1,150.00                    |

Total expenditures this event.

|       | 1  |   |
|-------|----|---|
| \$285 | .1 | 9 |

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received at a Social or Fund-Raising Event

| Event Date 10/25/05 |  |
|---------------------|--|
| Page 1              |  |

Prescribed by Secretary of State 03/0

| Name of Committee in Full  Committee to Elect Eddie Pauline          |                                         |                           |                                                      |
|----------------------------------------------------------------------|-----------------------------------------|---------------------------|------------------------------------------------------|
| Full Name of Contributor                                             |                                         |                           | Registration Number, if PAC                          |
| James Seth Metcalf                                                   |                                         |                           | Registration Number, 1177C                           |
| Street Address                                                       | Employer/Occup                          | ation/Labor Organization* | M D Y Amount                                         |
| 5828 Killdeer Drive                                                  | . , .                                   | _                         | 1 0 2 5 0 5 \$50.00                                  |
| City                                                                 | Sta te                                  | Zip Code                  | Form (Cash, Check, etc.)                             |
| Millersburg                                                          | OH                                      | 44654                     | Check                                                |
| Full Name of Contributor                                             |                                         |                           | Registration Number, if PAC                          |
| Jacob Evans                                                          |                                         |                           |                                                      |
| Street Address                                                       | Employer/Occup                          | ation/Labor Organization* | M D Y Amount                                         |
| 123 Corbins Mill Drive                                               |                                         |                           | 1 0 2 5 0 5 \$250.00                                 |
| City                                                                 | Stal te                                 | Zip Code                  | Form (Cash, Check, etc.) Check                       |
| Dublin                                                               | OH                                      | 43017                     | Registration Number, if PAC                          |
| Full Name of Contributor Palmer C. McNeal                            |                                         |                           | Registration Number, it FAC                          |
| Street Address                                                       | F 1 /0                                  |                           | M D Y Amount                                         |
| 5169 Springfield Ct.                                                 | Employer/Occup                          | ation/Labor Organization* | 1 0 2 4 0 5 \$250.00                                 |
| City                                                                 | Sta te                                  | Zip Code                  | Form (Cash, Check, etc.)                             |
| Westerville                                                          | OH                                      | 43081                     | Check                                                |
| Full Name of Contributor                                             | 011                                     | 1,000                     | Registration Number, if PAC                          |
| Pamela J. Kostoff                                                    |                                         |                           |                                                      |
| Street Address                                                       | Employer/Occur                          | ation/Labor Organization* | M D Y Amount                                         |
| 2995 Silver Maple Drive                                              | Employer/Occupation/Labor Organization  |                           | 1 0 2 5 0 5 \$100.00                                 |
| City                                                                 | Sta te                                  | Zip Code                  | Form (Cash, Check, etc.)                             |
| Fairlawn                                                             | OH 44333                                |                           | Check                                                |
| Full Name of Contributor                                             |                                         |                           | Registration Number, if PAC                          |
| Rick Boylan                                                          |                                         |                           |                                                      |
| Street Address                                                       | Employer/Occup                          | ation/Labor Organization* | 1 0 2 5 0 5 Amount \$250.00                          |
| 1900 Marblecliff Crossing Ct.                                        |                                         |                           |                                                      |
| Columbus                                                             | OH Stal te                              | Zip Code<br>43204         | Form (Cash, Check, etc.) Check                       |
| Columbus                                                             | OH                                      | 43204                     |                                                      |
| Full Name of Contributor W. A. Antonoplos                            |                                         |                           | Registration Number, if PAC                          |
|                                                                      |                                         |                           | M D Y Amount                                         |
| Street Address 21 E. State Street, Suite 220                         | Employer/Occup                          | ation/Labor Organization* | 1 0 2 5 0 5 \$75.00                                  |
|                                                                      | Stal te                                 | Zip Code                  | Form (Cash, Check, etc.)                             |
| City<br>Columbus                                                     | OH                                      | 43215                     | Check                                                |
| Full Name of Contributor                                             |                                         |                           | Registration Number, if PAC                          |
| Vorys Sater Seymour and Pease LLP Advocates for Effective Government |                                         |                           | OH108                                                |
| Street Address                                                       | Employer/Occupation/Labor Organization* |                           | M D Y Amount                                         |
| 52 E. Gay Street                                                     |                                         |                           | 1 0 1 4 0 5 \$250.00                                 |
| City                                                                 | Sta te                                  | Zip Code                  | Form (Cash, Check, etc.)                             |
| Columbus                                                             | OH                                      | 43215                     | Check                                                |
|                                                                      | 11 16 14                                | VI Ulata TC               | stor is self ampleyed the accumption and the name of |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

\$2,075.00

Total expenditures this event.

\$272.51

Page Total \$ 1,225.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

| Event Date | 10/25/05 | _ |
|------------|----------|---|
| Page 2     |          |   |

| Name of Committee in Fall                                   |                                         |                                |                                                       |
|-------------------------------------------------------------|-----------------------------------------|--------------------------------|-------------------------------------------------------|
| Name of Committee in Full  Committee to Elect Eddie Pauline |                                         |                                |                                                       |
| Full Name of Contributor                                    |                                         |                                | Registration Number, if PAC                           |
| Citizens For Jim Petro                                      |                                         |                                |                                                       |
| Street Address                                              | Employer/Occur                          | ation/Labor Organization*      | M D Y Amount                                          |
| 1933 Lakeshore Drive                                        | Employer/Occupation/Laudi Organization* |                                | 1 0 2 5 0 5 \$400.00                                  |
| City                                                        | Sta te                                  | Zip Code                       | Form (Cash, Check, etc.)                              |
| Columbus                                                    | OH                                      | 43204                          | Check                                                 |
| Full Name of Contributor                                    |                                         |                                | Registration Number, if PAC                           |
| M. Turpel                                                   |                                         |                                |                                                       |
| Street Address                                              | Employer/Occup                          | ation/Labor Organization*      | M D Y Amount                                          |
| 5936 Cape Coral Lane                                        |                                         |                                | 1 0 1 4 0 5 \$50.00                                   |
| City                                                        | Sta te                                  | Zip Code                       | Form (Cash, Check, etc.)                              |
| Hilliard                                                    | OH                                      | 43026                          | Check  Periotration Number of PAC                     |
| Full Name of Contributor  Robert C. Schuler                 |                                         |                                | Registration Number, if PAC                           |
| Street Address                                              | F 1 (0                                  |                                | M D Y Amount                                          |
| *250 Civic Center Drive                                     | Employer/Occup                          | ation/Labor Organization*      | 1 0 1 4 0 5 \$50.00                                   |
| City                                                        | State Zip Code                          |                                | Form (Cash, Check, etc.)                              |
| Columbus                                                    | OH                                      | 43215                          | Check                                                 |
| Full Name of Contributor                                    | 011                                     | Registration Number, if PAC    |                                                       |
| Kurtis Tunnell                                              |                                         |                                |                                                       |
| Street Address                                              | Employer/Occupation/Labor Organization* |                                | M D Y Amount                                          |
| 3709 Scioto Run Blvd                                        | Employen Geetpation Easts Grganization  |                                | 1 0 1 4 0 5 \$100.00                                  |
| City                                                        | Sta te                                  | Zip Code                       | Form (Cash, Check, etc.)                              |
| Hilliard                                                    | OH 43026                                |                                | Check                                                 |
| Full Name of Contributor Bradley Block                      |                                         |                                | Registration Number, if PAC                           |
| Street Address                                              | Employer/Occup                          | ation/Labor Organization*      | M D Y Amount                                          |
| 8581 Dunsinane Drive                                        |                                         |                                | 1 0 1 2 0 5 \$150.00                                  |
| <sup>City</sup><br>Dublin                                   | Stal te<br>OH                           | Zip Code<br>43017              | Form (Cash, Check, etc.) Check                        |
| , : <u>.</u>                                                | OH                                      | 40017                          | Registration Number, if PAC                           |
| Full Name of Contributor Michael J. Endres                  |                                         |                                | Registration Number, if FAC                           |
| Street Address<br>191 W. Nationwide Blvd                    | Employer/Occupation/Labor Organization* |                                | 1 0 1 3 0 5 Amount \$100.00                           |
| City                                                        | Sta te                                  | Zip Code                       | Form (Cash, Check, etc.)                              |
| Columbus                                                    | OH                                      | 43215                          | Check                                                 |
| Full Name of Contributor                                    |                                         |                                | Registration Number, if PAC                           |
| Street Address                                              | Employer/Occupation/Labor Organization* |                                | M D Y Amount                                          |
|                                                             |                                         | Tei a                          |                                                       |
| City                                                        | Stal te<br>OH                           | Zip Code                       | Form (Cash, Check, etc.)                              |
| * Required for contributions from individuals over \$100    |                                         | sembly candidates. If contribu | utor is self-employed, the occupation and the name of |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

| Total | contribu | tions | this | event |
|-------|----------|-------|------|-------|
|       |          |       |      |       |

\$2,075.00

Total expenditures this event.

\$272.51

\$850.00 Page Total \$

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

## **Statement of Expenditures**

Page \_\_\_\_

Prescribed by Secretary of State 2/01

| Name of Committee in Full Committee to Elect Eddie Pauline      |                                 |                     |                                      |   |
|-----------------------------------------------------------------|---------------------------------|---------------------|--------------------------------------|---|
| To Whom Paid<br>Anna Lane                                       |                                 |                     | 1 0 1 9 0 5 Amount \$306.02          |   |
| Address<br>6831 Pine Hollow Drive                               | Purpose<br>Mailing St           | upplies and Postag  | e                                    |   |
| City<br>Westerville                                             | State<br>OH                     | Zip Code<br>43082   | Check Number<br>121                  |   |
| To Whom Paid Northland Community 4th of July Para               | de                              |                     | M 6 2 2 0 5 Amount \$\text{Amount}\$ |   |
| Address                                                         | Purpose<br>Parade R             | egistration         |                                      |   |
| City<br>Columbus                                                | State<br>OH                     | Zip Code            | Check Number<br>103                  |   |
| To Whom Paid Eddie Pauline                                      | 1                               |                     | M 0 6 2 2 0 5 Amount \$582.00        |   |
| Address<br>980 King Avenue                                      | Purpose<br>Banner, P            | arade Registration  |                                      |   |
| City<br>Columbus                                                | State<br>OH                     | Zip Code<br>43212   | Check Number<br>104                  |   |
| To Whom Paid<br>Eddie Pauline                                   | e                               |                     |                                      | ) |
| 980 King Avenue                                                 | Purpose<br>Festival P           | rogram Reimbursen   | nent                                 |   |
| City Columbus                                                   | State<br>OH                     | Zip Code<br>43212   | Check Number<br>105                  |   |
| To Whom Paid<br>Brad Davis                                      |                                 |                     |                                      |   |
| Address 100 E. Broad Street, Suite 2330                         | Purpose<br>Mailing Su           | pplies Reimbursemei | nt - Avery                           |   |
| City<br>Columbus                                                | State<br>OH                     | Zip Code<br>43215   | Check Number<br>113                  |   |
| To Whom Paid Brad Davis                                         |                                 |                     | M 1 0 1 0 0 5 Amount \$68.28         |   |
| Address<br>100 E. Broad Street, Suite 2330                      | Purpose<br>Mailing Su           | pplies Reimbursemer | it - Avery                           |   |
| City<br>Columbus                                                | State<br>OH                     | Zip Code<br>43215   | Check Number 114                     |   |
| To Whom Paid E-Roots Consulting                                 |                                 |                     | M D Y Amount<br>1 0 1 0 0 5 \$85.00  |   |
| Address 172 East State Street, Suite 515                        | Purpose<br>Internet Mail Set Up |                     |                                      |   |
| City<br>Columbus                                                | State<br>OH                     | Zip Code<br>43215   | Check Number 115                     |   |
| To Whom Paid M D Y Amount E-Roots Consulting 1 0 1 0 0 5 \$75.0 |                                 |                     |                                      |   |
| Address<br>172 East State Street, Suite 515                     | Purpose<br>Printing             |                     |                                      |   |
| City<br>Columbus                                                | State<br>OH                     | Zip Code<br>43215   | Check Number<br>116                  |   |

# **Statement of Expenditures**

Page 2

Prescribed by Secretary of State 2/01

| Name of Committee in Full                                 |                                 |                         | <del></del>                  |
|-----------------------------------------------------------|---------------------------------|-------------------------|------------------------------|
| Committee to Elect Eddie Pauline                          |                                 |                         | •                            |
| To Whom Paid The Monks Copy Shop                          |                                 |                         | 1 0 1 0 0 5 Amount \$29.60   |
| 47 East Gay Street                                        | Invitation                      | Printing                |                              |
| City<br>Columbus                                          | State<br>OH                     | Zip Code<br>43215       | Check Number 117             |
| To Whom Paid The Monks Copy Shop                          |                                 |                         | 1 0 1 0 0 5 Amount \$25.50   |
| Address 47 East Gay Street                                | Reply Ca                        | rd Printing             |                              |
| City<br>Columbus                                          | State<br>OH                     | Zip Code<br>43215       | Check Number 118             |
| To Whom Paid The Monks Copy Shop                          |                                 |                         | 1 0 1 0 0 5 Amount \$35.49   |
| Address<br>47 East Gay Street                             | Reply Car                       | <u> </u>                |                              |
| City<br>Columbus                                          | State<br>OH                     | Zip Code<br>43215       | Check Number 119             |
| The Monks Copy Shop                                       |                                 |                         | 1 0 1 0 0 5 Amount \$25.17   |
| Address 47 East Gay Street                                | RSVP Pri                        | nting, Email Input      |                              |
| City<br>Columbus                                          | State<br>OH                     | Zip Code<br>43215       | Check Number 120             |
| hom Paid<br>ddie Pauline                                  |                                 |                         | M 9 1 0 0 5 Amount 33,078.71 |
| Address<br>980 King Avenue                                | Purpose<br>Reimburse            | ement for Yard Signs, S | Stickers                     |
| City<br>Columbus                                          | OH State                        | Zip Code<br>43215       | Check Number 110             |
| To Whom Paid The Columbus Athletic Club                   |                                 |                         | 0 6 2 7 0 5 Amount \$805.29  |
| Address<br>136 East Broad Street                          | April 13, 2005 Event Payment (P |                         | revious Report)              |
| City<br>Columbus                                          | State<br>OH                     | Zip Code<br>43215       | Check Number 106             |
| To Whom Paid Eddie Pauline                                |                                 |                         | M D Y Amount                 |
| Address<br>980 King Avenue                                | Purpose<br>Reimburse            |                         | Park 2005, Posterboard       |
| City<br>Columbus                                          | State<br>OH                     | Zip Code<br>43212       | Check Number 107             |
| To Whom Paid Anna Lane  M D Y Amount 0 7 3 0 0 5 \$242.88 |                                 |                         |                              |
| Address<br>6831 Pine Hollow Drive                         | Purpose<br>Reimburse            | ement for Campaign Co   | llege, Parade Candy          |
| <sup>City</sup><br>Westerville                            | State<br>OH                     | Zip Code<br>43082       | Check Number 108             |
|                                                           |                                 |                         |                              |

## **Statement of Expenditures**

Page 3

Prescribed by Secretary of State 2/01

| Name of Committee in Full  Committee to Elect Eddie Pau | ıline                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |  |
|---------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|
| To Whom Paid  Excelsior Printing Co.                    |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 8 0 1 0 5 \$1,746.43     |  |  |
| Address 2000 Parsons Ave.                               | Purpose<br>Letterhe   | ad and Flyer Pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | inting                     |  |  |
| City<br>Columbus                                        | State<br>OH           | Zip Code<br>43207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Check Number<br>109        |  |  |
| To Whom Paid<br>Eric Weldele                            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 9 3 0 0 5 \$526.00       |  |  |
| Address<br>980 King Avenue                              | Reimbu                | rsement - T-Shi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rts                        |  |  |
| City<br>Columbus                                        | State<br>OH           | Zip Code<br>43212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Check Number 111           |  |  |
| To Whom Paid<br>Donatos Pizza                           |                       | 1 0 0 4 0 5 \$55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |
| Address<br>2835 S. High Street                          | Purpose<br>Event Pa   | ayment for 10/4/0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 05                         |  |  |
| City<br>Columbus                                        | State<br>OH           | Zip Code<br>43207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Check Number 112           |  |  |
| To Whom Paid The Columbus Athletic Club                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 0 1 2 0 5 \$285.19       |  |  |
| Address 136 East Broad Street                           | Purpose<br>Event Pa   | ayment for 10/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /2005                      |  |  |
| City<br>Columbus                                        | State<br>OH           | Zip Code<br>43215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Check Number 122           |  |  |
| To Whom Paid The Monks Copy Shop                        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 0 1 8 0 5 Amount \$59.14 |  |  |
| Address<br>47 East Gay Street                           | Purpose<br>Invitation | Printing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |
| City<br>Columbus                                        | OH State              | Zip Code<br>43215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Check Number 123           |  |  |
| To Whom Paid<br>Tim Lane                                |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 0 1 0 0 5 Amount \$22.08 |  |  |
| Address<br>6831 Pine Hollow Drive                       | Purpose<br>Candy R    | eimbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |  |  |
| City<br>Westerville                                     | State<br>OH           | Zip Code<br>43082                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Check Number 124           |  |  |
| To Whom Paid                                            | <u> </u>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M D Y Amount               |  |  |
| Address                                                 | Purpose               | and the second of the second o |                            |  |  |
| City                                                    | State<br>OH           | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Check Number               |  |  |
| To Whom Paid                                            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M D Y Amount               |  |  |
| Address                                                 | Purpose               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |  |
| City                                                    | State<br>OH           | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Check Number               |  |  |

|      | 1 |
|------|---|
| Page | ı |

## **In-Kind Contributions Received**

Prescribed by Secretary of State 03/05

| Name of Committee in Full        |                                           |                              |                                                 |
|----------------------------------|-------------------------------------------|------------------------------|-------------------------------------------------|
| Committee to Elect Eddie Pauline |                                           |                              |                                                 |
| Full Name of Contributor         | Employer, Occupation, Labor Organization* |                              | Registration Number, if PAC                     |
| Anna Lane                        |                                           |                              |                                                 |
| Street Address                   | Description of Item or Service            |                              | M D Y Fair Market Value<br>1 0 0 4 0 5 \$12.99  |
| 6831 Pine Hollow Drive           | Birthday Cake                             |                              |                                                 |
| City Westerville                 | Stal te Zip Code 43082                    |                              | Received at Fundraising Event?  YES  NO         |
| Full Name of Contributor         | Employer, Occu                            | ipation, Labor Organization* | Registration Number, if PAC                     |
| Tim Lane                         |                                           |                              |                                                 |
| Street Address                   | Description of Item or Service            |                              | M D Y Fair Market Value                         |
| 6831 Pine Hollow Drive           | Parade 0                                  | Car Use                      | 0 6 2 5 0 5 \$45.00                             |
| City                             | Stal te                                   | Zip Code                     | Received at Fundraising Event?                  |
| Westerville                      | OH                                        | 43082                        | YES O NO                                        |
| Full Name of Contributor         | Employer, Occu                            | pation, Labor Organization*  | Registration Number, if PAC                     |
| Tim Lane                         |                                           |                              |                                                 |
| Street Address                   | Description of It                         | tem or Service               | M D Y Fair Market Value                         |
| 6831 Pine Hollow Drive           | Parade 0                                  | Car Use                      | 0 7 0 4 0 5 \$45.00                             |
| City                             | Sta te                                    | Zip Code                     | Received at Fundraising Event?                  |
| Westerville                      | OH                                        | 43082                        | YES O NO                                        |
| Full Name of Contributor         | Employer, Occu                            | ipation, Labor Organization* | Registration Number, if PAC                     |
| Eric Weldele                     |                                           |                              |                                                 |
| Street Address                   | Description of Item or Service            |                              | M D Y Fair Market Value                         |
| 3127 Menzola Drive               | Parade C                                  | Candy                        | 0 6 2 5 0 4 \$91.00                             |
| City                             | Sta te                                    | Zip Code                     | Received at Fundraising Event?                  |
| Columbus                         | OH                                        | 43228                        | OYES ONO                                        |
| Full Name of Contributor         | Employer, Occu                            | ipation, Labor Organization* | Registration Number, if PAC                     |
| Bernie Kosar Jr.                 |                                           |                              |                                                 |
| Street Address                   | Description of Item or Service            |                              | M D Y Fair Market Value                         |
| 30050 Chagrin Blvd               | Internet Advertising                      |                              | 1 0 0 1 0 5 \$1,200.00                          |
| City                             | Sta te                                    | Zip Code                     | Received at Fundraising Event?                  |
| Pepper Pike                      | OH                                        | 44124                        | YES O NO                                        |
| Full Name of Contributor         | Employer, Occu                            | ipation, Labor Organization* | Registration Number, if PAC                     |
| Knotty Pine                      |                                           |                              |                                                 |
| Street Address                   | Description of It                         |                              | M D Y Fair Market Value<br>1 0 2 5 0 5 \$400.00 |
| 1765 W. 3rd Avenue               | Event Venue, Food                         |                              |                                                 |
| City                             | Sta te                                    | Zip Code                     | Received at Fundraising Event?                  |
| Columbus                         | OH                                        | 43212                        | YES NO                                          |
| Full Name of Contributor         | Employer, Occu                            | upation, Labor Organization* | Registration Number, if PAC                     |
|                                  |                                           |                              |                                                 |
| Street Address                   | Description of It                         | tem or Service               | M D Y Fair Market Value                         |
|                                  |                                           |                              |                                                 |
| City                             | Sta te                                    | Zip Code                     | Received at Fundraising Event?                  |
|                                  | OH                                        |                              | YES NO                                          |
| Full Name of Contributor         | Employer, Occu                            | upation, Labor Organization* | Registration Number, if PAC                     |
| Street Address                   | Description of It                         | tem or Service               | M D Y Fair Market Value                         |
|                                  |                                           |                              |                                                 |
| City                             | Sta te                                    | Zip Code                     | Received at Fundraising Event?                  |
|                                  | OH                                        |                              | OYES O NO                                       |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]